



052754

CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: RCS	.	
3/19/2008	.	
	.	
	.	

1 The Committee on Health Policy (Crist) recommended the following
 2 **amendment:**

3
 4 **Senate Amendment (with title amendment)**

5 Delete everything after the enacting clause
 6 and insert:

7 Section 1. Section 627.668, Florida Statutes, is amended to
 8 read:

9 627.668 Optional coverage for mental and nervous disorders
 10 required; exception.--

11 (1) Every insurer, health maintenance organization, and
 12 nonprofit hospital and medical service plan corporation
 13 transacting group health insurance or providing prepaid health
 14 care in this state shall make available to the policyholder as
 15 part of the application, for an appropriate additional premium
 16 under a group hospital and medical expense-incurred insurance
 17 policy, under a group prepaid health care contract, and under a



052754

18 group hospital and medical service plan contract, the benefits or
19 level of benefits specified in subsections (2) and (3) ~~subsection~~
20 ~~(2)~~ for the necessary care and treatment of mental and nervous
21 disorders, as defined in the ~~standard nomenclature~~ most recent
22 edition of the Diagnostic and Statistical Manual of Mental
23 Disorders published by the American Psychiatric Association,
24 subject to the right of the applicant for a group policy or
25 contract to select any alternative benefits or level of benefits
26 as may be offered by the insurer, health maintenance
27 organization, or service plan corporation provided that, if
28 alternate inpatient, outpatient, or partial hospitalization
29 benefits are selected, such benefits shall not be less than the
30 level of benefits required under subsections (2) and (3)
31 ~~paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c),~~
32 respectively.

33 (2) Under group policies or contracts, inpatient hospital
34 benefits, partial hospitalization benefits, and outpatient
35 benefits consisting of durational limits, dollar amounts,
36 deductibles, and coinsurance factors shall not be less favorable
37 than for physical illness generally for the necessary care and
38 treatment of schizophrenia, schizo-affective disorders, major
39 depression, bipolar disorders, panic disorders, generalized
40 anxiety disorders, posttraumatic stress disorders, substance abuse
41 disorders, eating disorders, delirium, dementia, childhood
42 ADD/ADHD, developmental disorders, borderline personality
43 disorder, and mental disorder due to a medical condition.

44 (3) ~~(2)~~ Under group policies or contracts, inpatient
45 hospital benefits, partial hospitalization benefits, and
46 outpatient benefits for mental health disorders not listed in



052754

47 | subsection (2) shall not be less favorable than for physical
48 | illness generally, except that:

49 | (a) Inpatient benefits may be limited to not less than 30
50 | days per benefit year as defined in the policy or contract. If
51 | inpatient hospital benefits are provided beyond 30 days per
52 | benefit year, the durational limits, dollar amounts, and
53 | coinsurance factors thereto need not be the same as applicable to
54 | physical illness generally.

55 | (b) Outpatient benefits may be limited to \$1,000 for
56 | consultations with a licensed physician, a psychologist licensed
57 | pursuant to chapter 490, a mental health counselor licensed
58 | pursuant to chapter 491, a marriage and family therapist licensed
59 | pursuant to chapter 491, and a clinical social worker licensed
60 | pursuant to chapter 491. If benefits are provided beyond the
61 | \$1,000 per benefit year, the durational limits, dollar amounts,
62 | and coinsurance factors thereof need not be the same as
63 | applicable to physical illness generally.

64 | (c) Partial hospitalization benefits shall be provided
65 | under the direction of a licensed physician. For purposes of this
66 | part, the term "partial hospitalization services" is defined as
67 | those services offered by a program accredited by the Joint
68 | Commission on Accreditation of Hospitals (JCAH) or in compliance
69 | with equivalent standards. Alcohol rehabilitation programs
70 | accredited by the Joint Commission on Accreditation of Hospitals
71 | or approved by the state and licensed drug abuse rehabilitation
72 | programs shall also be qualified providers under this section. In
73 | any benefit year, if partial hospitalization services or a
74 | combination of inpatient and partial hospitalization are
75 | utilized, the total benefits paid for all such services shall not
76 | exceed the cost of 30 days of inpatient hospitalization for



052754

77 psychiatric services, including physician fees, which prevail in
78 the community in which the partial hospitalization services are
79 rendered. If partial hospitalization services benefits are
80 provided beyond the limits set forth in this paragraph, the
81 durational limits, dollar amounts, and coinsurance factors
82 thereof need not be the same as those applicable to physical
83 illness generally.

84 ~~(4)(3)~~ Insurers must maintain strict confidentiality
85 regarding psychiatric and psychotherapeutic records submitted to
86 an insurer for the purpose of reviewing a claim for benefits
87 payable under this section. These records submitted to an insurer
88 are subject to the limitations of s. 456.057, relating to the
89 furnishing of patient records.

90 Section 2. Section 627.669, Florida Statutes, is repealed.

91 Section 3. Paragraph (b) of subsection (8) of section
92 627.6675, Florida Statutes, is amended to read:

93 627.6675 Conversion on termination of eligibility.--Subject
94 to all of the provisions of this section, a group policy
95 delivered or issued for delivery in this state by an insurer or
96 nonprofit health care services plan that provides, on an expense-
97 incurred basis, hospital, surgical, or major medical expense
98 insurance, or any combination of these coverages, shall provide
99 that an employee or member whose insurance under the group policy
100 has been terminated for any reason, including discontinuance of
101 the group policy in its entirety or with respect to an insured
102 class, and who has been continuously insured under the group
103 policy, and under any group policy providing similar benefits
104 that the terminated group policy replaced, for at least 3 months
105 immediately prior to termination, shall be entitled to have
106 issued to him or her by the insurer a policy or certificate of



052754

107 health insurance, referred to in this section as a "converted
 108 policy." A group insurer may meet the requirements of this
 109 section by contracting with another insurer, authorized in this
 110 state, to issue an individual converted policy, which policy has
 111 been approved by the office under s. 627.410. An employee or
 112 member shall not be entitled to a converted policy if termination
 113 of his or her insurance under the group policy occurred because
 114 he or she failed to pay any required contribution, or because any
 115 discontinued group coverage was replaced by similar group
 116 coverage within 31 days after discontinuance.

117 (8) BENEFITS OFFERED.--

118 (b) An insurer shall offer the benefits specified in s.
 119 627.668 ~~and the benefits specified in s. 627.669~~ if those
 120 benefits were provided in the group plan.

121 Section 4. ~~This act shall take effect January 1, 2009.~~
 122 This act shall take effect January 1, 2009 and shall apply to
 123 policies and contracts issued or renewed on or after that date.

124
 125 ===== T I T L E A M E N D M E N T =====

126 And the title is amended as follows:

127 Delete everything before the enacting clause
 128 and insert:

129 A bill to be entitled
 130 An act relating to amending s. 627.668, F.S.; amending s.
 131 627.6675, F.S.; repealing s. 627.669(1), (2)(a)(b) and
 132 (3), F.S., relating to Optional coverage required for
 133 substance abuse impaired persons; exception; providing an
 134 effective date.